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ABSTRACT

Teenage pregnancy is an overwhelming problem in Fort Worth, Texas. To examine the problem of teenage pregnancy, figures on total live births by age, race, repeat pregnancy, and at-risk infants were gathered from 1981 and 1982 Department of Public Health data. In addition, consequences of teenage pregnancy and motivation factors were examined. An analysis of the results showed that approximately 13 percent of teenage girls, aged 16 to 19 years, became pregnant in 1982, with 50 percent of the pregnancies ending in abortion. The majority of these teenagers were unmarried. Of live births to teens, 38% were born to black teens, while only 22% of all live births to women 20 years or older were born to black women. Approximately 27 percent of the teens had given birth to at least one child, and 10 percent of the babies born were considered at-risk (premature) infants. Economic consequences of teenage pregnancy for Fort Worth included increased medical, educational, and social service costs. Factors influencing teenage pregnancy included early onset of menarche, dating patterns, unavailability of abortion, and lack of information on birth control. Recommendations based on study findings include provisions for city wide coordination of services, an ongoing citizens committee, a media campaign to heighten awareness, an education program for students kindergarten through twelfth grade, and a reassessment of programs offered to pregnant teens and teen parents. (BL)

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FORT WORTH INDEPENDENT SCHOOL DISTRICT
FORT WORTH, TEXAS

REPORT ON ADOLESCENT PREGNANCY IN FORT WORTH, TEXAS

DEPARTMENT OF RESEARCH AND EVALUATION

CG017721

FORT WORTH INDEPENDENT SCHOOL DISTRICT

REPORT ON ADOLESCENT PREGNANCY IN FORT WORTH, TEXAS

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Sandra Tees, Special Education Evaluator

Dan Powell, Director
Department of Research and Evaluation

August 1983

CG 017721

EXECUTIVE SUMMARY

In the Winter of 1983, the Fort Worth Independent School District Board of Education appointed a Citizen's Committee to study the problem of teenage pregnancy in the city of Fort Worth and to recommend solutions. Sandra Tees, an evaluator in the FWISD Research and Evaluation Department was appointed consultant, with the task of gathering data from committee members and other sources and compiling data and recommendations into a report for the Board.

Teenage pregnancy is an overwhelming problem in Fort Worth; approximately thirteen percent of teenage girls in the city became pregnant in 1982. Committee recommendations included provisions for city wide coordination of services, an ongoing citizens committee, a media campaign to heighten awareness, an education program for students kindergarten through twelfth grade, and a reassessment of programs offered to pregnant teens and teen parents.

REPORT ON ADOLESCENT PREGNANCY
IN FORT WORTH, TEXAS

TASK GROUP ONE
ADOLESCENT PREGNANCY ADVISORY COMMITTEE

TASK GROUP ONE HAS BEEN CHARGED WITH:

- identifying and documenting the extent of adolescent pregnancy in Fort Worth;
- considering consequences of teenage pregnancy, and
- reviewing the literature; studying the motivation of teenagers who become pregnant and other factors which impact on this problem.

Figures in this report are based on information from the Fort Worth Department of Public Health (DPH), the 1980 census, and information received from area hospitals, Fort Worth Independent School District (FWISD), and other agencies both in and outside the city (Dallas, Austin).

Figures on total live births by age, race, repeat pregnancy and at risk infants are based on the average of 1981 and 1982 DPH data. Total pregnancies were calculated using both hard data from DPH and extrapolated data with respect to abortions. Abortion information was available from only two of three clinics and contained both resident and non-resident data; resident data was estimated based on ratio of resident/non-resident live births. Abortion data include induced abortion plus an estimate of number of spontaneous abortions (15% of live births). Physician members of the committee indicate that the abortion figures shown are a conservative estimate of actual numbers.

In this report adolescents are referred to as teens and teenagers. The term "young teen" will be used to indicate an adolescent age 15 or less. Tables are provided in appendices to support statements in the text of this paper.

WHAT IS THE EXTENT OF TEENAGE PREGNANCY IN FORT WORTH, TEXAS?

How many adolescent pregnancies occur in a year?

Figures for 1981 and 1982 indicate a yearly average of 13,090 pregnancies in the city of Fort Worth. Of these, 25% were teenage pregnancies. Teens age 15 or less (young teens) accounted for 3% of the total pregnancies. Teens had approximately 32% of the abortions and 22% of the stillbirths in the city.

Based on adjusted 1980 census data, there are approximately 25,000 teenage women in the city of Fort Worth. Of these young women, about 13% became pregnant in 1981 and in 1982.

Of the total number of teenage pregnancies, 49% resulted in live births, 1% in stillbirths, and 50% in abortions (43% induced, 7% spontaneous). Young teens accounted for 11% of all teenage pregnancies: for 10% of the live births, for 11% of the stillbirths, and for 11% of the teenage abortions.

How many deliveries occur in a year?

Of the yearly average of 7,752 live births to Fort Worth residents, 21% (1640) were to teenage mothers, with 2% to those age 15 or less. There were 27 stillbirths to teens in 1982, three of these to young teens. Of births to older teenagers, 2% were stillbirths; 2% of births to young teens were stillborn.

How old are our teenage mothers?

Women age 16 to 19 account for the majority of live births to teenagers in the Fort Worth area. However, 10% of these births were to young teens.

What percentage of these teenagers are unmarried?

John Peter Smith data indicate that 60% of the teens delivering at this institution in 1982 were unmarried. Of the very young teens, 79% were unmarried. (There were no Fort Worth statistics available with respect to marital status. However, Dallas figures show that about 58% of teen births are to unmarried women.)

What is the racial breakdown for this group of teens?

Perhaps the most significant finding with respect to race is the comparison between teens and older women. Black teens comprise a much larger portion of the teen group than do black women in the more mature group:

Of live births to teens:	Of live births to women 20 or older:
38% Black	22% Black
24% Hispanic	21% Hispanic
36% White	55% White
.3% Other	1% Other

Young Black teens (age 15 or less) have 5% of births to teens, Hispanics have 3% and Anglos 3%.

The racial composition of the city as a whole is: Black 22.6%; Hispanic 12.6%; Anglo 63.5%; other 1.29%. Teenage Blacks and Hispanics show somewhat higher precentages of births than would be expected from community representations; the Anglo percentage is lower.

While Blacks have a larger proportion of teenage births, nationwide statistics show that the risk of pregnancy among white teens who have become sexually active before age 15 is increasing dramatically. (Koenig and Zelnik, 1982) Ethnic breakdown on abortion figures for Fort Worth were unfortunately not available.

How many are repeat pregnancies?

Approximately 27% of these teens have given birth to at least one other child. A small percentage of the young teens (.6%) have had a previous birth. John Peter Smith data show 36% of teens delivering there have had a previous pregnancy (not necessarily resulting in the birth of a child).

How many of these births produce at risk (premature) infants?

Teens contributed a greater proportion of at risk births to live births than did older women. Of the births to all teens, 10% result in babies weighing less than 5.5 pounds at birth; 11% of births to young teens result in low birth weight. Only 8% of babies born to women over 20 show a low birth weight. **Of the babies in intensive care at JPS in 1982, over half were children of teenage mothers.**

WHAT ARE THE PSYCHOLOGICAL AND ECONOMIC CONSEQUENCES OF TEENAGE PREGNANCY . . . .

IS TEENAGE PREGNANCY A PROBLEM IN FORT WORTH ?

YES **A yearly average of 13% of the teenage girls in this community became pregnant in 1981 and 1982.**

YES Fort Worth teenage girls are approximately 24% of the females of child bearing age in this city. Although their infants are at greater risk than those of more mature mothers, they are producing 20% to 21% of the babies born each year. In addition, teenagers account for 25% of the pregnancies in the city.

YES Fort Worth teenagers are having babies at the same or slightly higher rate than teens in Dallas. **Of the eight large cities in Texas, Fort Worth ISD serves the highest percent of average daily attendance in a program for pregnant girls.**

YES Average cost of intensive care for an infant with medical problems is $27,000.00 ($300.00 @ day; 90 days). Cost of delivery for a non-paying patient is approximately $900.00. **Over half the babies in neonatal intensive care at JPS in 1982 were children of teenage mothers.**

YES Children of teenage mothers are more likely to:

- have low birth weight
- die in the first month of life
- die of sudden infant death
- have medical problems such as seizures, hypoglycemia, fatal intestinal complications and transient tachpnea
- receive less of the mothering behaviors (touching, holding, talking) than children of more mature mothers
- lack environmental stimulation (resulting in cultural deprivation and possible retardation)
- have poor grades in school
- be the subject of abuse and neglect

(Specific data were not available for the city of Fort Worth. This information is based on research cited by Merritt, Lawrence and Naeye, 1980; physicians in Task Group One agreed that the problems noted are applicable to Fort Worth infants.)

YES Cost to the community for education of an at risk child is great. Per student, special education costs by handicap

range from $800.00 to $8,300.00 more per year than costs for regular education. For example:

FWISD, regular education per student,	per year:	$2,058.00
visually handicapped:		3,850.00
mentally retarded:		3,960.00
autistic:		7,700.00
deaf/blind:		10,450.00

(Based on state average contract cost.)

YES Cost of providing the FWISD special education New Lives program for pregnant teens is approximately $3,283.00 per student per year, 59% greater than the cost for a regular education student.

YES Emotional and academic toll on a pregnant teenager is not measurable in dollars and cents. Of the pregnant teens served in the FWISD program, almost all request some counseling assistance or show need for this help. School attendance rate averages 73% as opposed to a 91% rate for regular FWISD high school students.

YES Physically, the bodies of most young women below the age of 19 are not ready for pregnancy. Early pregnancies tend to increase the risk of complications during pregnancy, the possibility of death during delivery, and the risk of uterine cancer.

WHAT IS THE IMPACT OF TEENAGE PREGNANCY IN OUR SOCIETY?

What are the effects in Texas?

Ultimately, teenage pregnancy works to perpetuate poverty. The Texas Select Committee on Teenage Pregnancy (Report to 68th Texas Legislature, Texas House of Representatives, October, 1982) noted that:

- "Female-headed households are the fastest growing poverty group in the nation, with a poverty rate six times that of male-headed families. (p.25)
- An estimated one-half of all families receiving welfare assistance are headed by women who had their first child in their teens. (p.27)
- Teenaged mothers in Texas represent approximately 15 percent of all families receiving AFDC (Aid to Families with Dependent Children). (p.27)

- Approximately 20 percent of the nation's children are being reared by teenagers. Two-thirds of these mothers have not completed high school and one quarter of them are currently receiving AFDC. (p.73)

- School dropout, which is most often a result of pregnancy or marriage, is clearly associated with future welfare dependence. For Black mothers...(in Texas in 1979)...45 percent of the high school graduates with children received assistance as compared with 74 percent of those who had dropped out of school." (p.74)

The average AFDC payment in Texas is low: $140 per family of four, about $24 per recipient. Unemployment among Texas teenage women is high. The rate for all Texas teens in 1981 was 18.8% but for teenage women it was 25.8%. Black teenage women showed a 44.5% unemployment rate, in contrast to the Anglo rate of 22.8%

Among the corollaries to the problem of poverty are child abuse and neglect, high rate of venereal disease and the effects of poor prenatal care on infants. A recent Human Resources study in Texas revealed that the illegitimacy rate of a county is positively correlated with the amount of child abuse and neglect in that county. (p.72, Select Committee report) Texas teenage women accounted for 14% of the cases of gonorrhea in Texas in 1980.

The most seriously affected groups are the minorities. Blacks and Hispanics in Texas contribute a greater portion of the teenage births in Texas than would be expected from their representation in the community. (p.55) A study by Holck and Peter (1978) showed that from 1966 to 1978, teenage births in Texas decreased by 9.9% among the Anglo population, but increased by 55.2% among Hispanics and by 16.1% among Blacks. Holck and Peter note that " the teenage fertility rate in Texas was 70.2 in 1977, 30.7% higher than the United States rate of 53.7." (p.57)

What motivates teenagers to become pregnant?

In a paper prepared by Task Group members Revodia Johnson and Dr. Paul Glasser ("An Overview: Teenage Sexuality in the United States", one of the most significant findings was that adolescent pregnancy is not planned or desired. The following reasons were given for what has been called an "epidemic" of adolescent pregnancies:

- The age of onset of menarche is dropping. The rise in rate of teen pregnancy can be accounted for almost en toto by this lowering of the age for onset of menses.

- Dating patterns (dating at earlier ages) are a major factor in the onset of coitus.

. Abortion is frequently not an option because it is not available

. Birth control may not be used for two major reasons:

- ignorance blocks use of available methods, and

- circumstance, i.e., a teenager may not use birth control in order to avoid drawing the conclusion that coitus was planned and therefore wrong.

Is age the significant factor?

Research cited by Merritt, Lawrence, and Naeye (Pediatric Annals, 1980) deals with the question of whether or not the infant of an adolescent mother is at risk because of a biological disadvantage (i.e., physical immaturity) of the mother. It appears that infants of very young mothers age 15 and under are at risk as a simple function of age of mother. This is not so for infants of mothers age 16-19. Characteristics other than age seem to be more highly related to subsequent infant problems:

. low pre pregnancy weight for height
. low maternal weight gain in pregnancy
. lack of prenatal care
. cigarette smoking during pregnancy
. use of addictive drugs during pregnancy. (p.102)

Many of the behavioral problems of children born to teenage mothers may be the result of maternal emotional immaturity rather than maternal biological immaturity.These findings suggest that education may be a prime key to both prevention of early pregnancy and to amelioration of the negative effects on infants of teenage mothers.

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MAJOR DATA SOURCES:

Ft. Worth Dept. of Public Health
John Peter Smith Hospital
Fort Worth ISD
Harris Hospital
All Saints Hospital
The Edna Gladney Home
Dallas Dept. of Public Health
Texas Education Agency
Department of Human Resources
Dallas ISD
Austin ISD

REFERENCES:

Holck, S. E. and Peter, W. P. Teenage Pregnancy in Texas. Texas Medicine, Vol. 76, September, 1980, pp. 56-60.

Koenig, M.A. and Zelnik, M. The Risk of Premarital First Pregnancy Among Metropolitan-Area Teenagers: 1976 and 1979. Family Planning Perspectives, Vol.14, No.5, October, 1982, p.239.

Merritt, T. A., Lawrence, R. A. and Naeye, R. L. The Infants of Adolescent Mothers. Pediatric Annals, 9:3/Marach, 1980, (Perinatal and Neonatal Outcome) pp. 100-109.

Polk, Mary, Chairman. Report of the Select Committee on Teenage Pregnancy. Final Report to the 68th Texas Legislature, Texas House of Representatives. October, 1982.

RECOMMENDATIONS AND STRATEGIES

Following are the recommendations of this committee. In addition to the basic recommendations, strategies are suggested for reaching each of the goals/objectives outlined under (4) below. It is hoped that these strategies will serve as guides for future action.

1. **ADVISORY COMMITTEE** A permanent Adolescent Pregnancy Advisory Committee, APAC, should be established by the FWISD Board of Education and the Tarrant County Hospital District Board of Managers (John Peter Smith) to implement the recommendations of this report through the planning and development of specific programs.

   Responsibility APAC would develop and monitor programs, advise the coordinator of adolescent pregnancy services, implement and monitor a collaboration of services throughout the community, secure funds, and account to FWISD, JPS, and the community for services rendered and funds expended.

   Composition APAC should include representatives of appropriate community agencies, school officials, parents, and leaders from a cross-section of the community. The number of members should not exceed thirty.

   Target Date: September, 1983

2. **COORDINATOR** A dynamic coordinator of adolescent pregnancy services should be hired and funded through FWISD.

   Responsibility The coordinator would work with APAC, FWISD, New Lives administration, and JPS for the planning, development, and implementation of programs directed at:

   a) services to pregnant teenagers and teen parents,
   b) coordination of existing community services, and
   c) educational prevention programs.

   Target Date: December, 1983

3. **FUNDING** APAC and the coordinator of services should develop multiple funding sources from within the community. While the school education program and position of coordinator should be funded primarily through FWISD, other funding sources should support the remaining programs.

Target Date: Funding sources located by May, 1984

4. **GOALS/OBJECTIVES** APAC and the coordinator of services should develop measurable goals with the following objectives:

a) COMMUNITY OUTREACH Initiate a media campaign to inform the community of the problem and gain public support for subsequent programs.

1. The APAC should develop a media campaign to inform the community of the magnitude of the problem and of existing services to deal with this problem.

2. Public support and input from the community should be sought for the overall program through work with PTA's, churches, social agencies, and other community organizations. An approach such as "Let's Talk" (Atlanta) could be used to obtain input for our future educational programs.

Target Date: Initial release of report, Summer, 1983
Media coverage and plans, Fall,1983
Organized campaign, Spring, 1984

b) DAY CARE Develop a system providing day care for infants of teen parents attending school. Pilot initial efforts at Polytechnical High School through a program now being developed by the Tarrant County Youth Collaboration Services.

1. Provide in-school day care for infants through age four with parent participation (allowing parents time with their own children).

2. Ensure infant stimulation.

3. Utilize day care services as a resource for secondary child development courses, skills training for the day care job market, and parenting skills training.

4. Explore home care alternatives as well as institutional day care.

Target Date: January, 1984

c) EDUCATIONAL PREVENTION PROGRAM Develop a quality comprehensive educational program for grades K-12 to be managed by well trained personnel and to begin with a pilot program in middle schools.

Parents hold the primary responsibility for the sexuality education of their children. The following suggestions are intended to provide a choice for parents, to assist and support them in carrying out their responsibilities.

1. Include input and participation of parents in all facets of program development and implementation.

2. Develop a family life program which could include:

   a. a component directed at expanding teenagers' understanding/knowledge of the human body;
   b. peer counseling by teenage parents;
   c. a special program for teenage boys to emphasize responsibility in dealing with teenage pregnancy;
   d. parenting skills training, and
   e. a component emphasizing planning for family life, development of self-esteem and rational decision making with respect to social interactions.

3. Consider developing a program which would utilize aspects of the Atlanta program "Postponing Sexual Involvement."

4. Extend counseling services in schools through coordination and collaboration with community agencies and training of appropriate school personnel to work in this area. Counseling should include the explanation of adoption procedures.

Implementation of all phases of this program should include medical professionals as well as clergy and parents.

Target Date: Planning, 1983-1984
Pilot, 1984-1985

d) SERVICES FOR PREGNANT TEENS Reassess, expand, and enhance services now provided by New Lives.

1. Reassess curriculum in order to insure that the needs of the new mothers are being met with respect to:

   a. personal health;
   b. child care (parenting skills training);
   c. future jobs: vocational counseling and training;

d. academic achievement;
e. re-entry into the mainstream of school and social living, and
f. the GED option.

2. Reassess facilities and services including:

   a. consideration of possible relocation of New Lives facility, and
   b. consideration of the adequacy of social services (including direct services, follow-up, and expansion of service to teenage fathers).

3. Provide students with the alternative of staying in the New Lives school from pregnancy through graduation on a needs and space-available basis.

4. Ensure that the adoption alternative is explained to participants.

5. Extend New Lives' support services (medical, referral, and counseling) for girls who choose to stay in their own schools. This alternative should be encouraged by the Board and by school personnel.

6. Provide on-site day care for children of New Lives students.

Target Date: Reassessment, 1983-1984
Implementation, 1984-1985

5. **LONG RANGE PLANNING** The committee and coordinator should continually reassess long range planning and evaluation in order to deal with the continuing problem of teenage pregnancy in this community.

APPENDIX: TABLES

Table 1. How many pregnancies occur in a year? Pregnancies in the city of Fort Worth for one year, by age group (averaged data for 1981-82 for live births; all else, 1982 data, extrapolated as necessary).

	15 or less (#/% of teens)		16 - 19 (#/% of teens)		19 or less (#/% of total)		20 or over (#/% of total)		TOTAL	
LIVE BIRTHS	167	10.2%	1473	89.8%	1640	21.2%	6112	78.8%	7752	59.2 %
STILL BIRTHS	3	11.1%	24	88.9%	27	21.3%	100*	78.7%	127	.97%
INDUCED ABORTIONS*	163	11.5%	1255	88.5%	1418	34.9%	2630	65.1%	4048	30.9 %
SPONTANEOUS ABORTIONS*	25	10.2%	221	89.9%	246	21.2%	917	78.8%	1163	8.9 %
TOTAL ABORTIONS	188	11.3%	1476	88.7%	1664	31.9%	3547	68.1%	5211	39.8 %
TOTAL	358		2973		3331		9759		13090	
% OF TOTAL	2.7%		22.7%		25.4%		74.6%			
% of TEEN TOTAL	10.7%		89.3%							
AGE COMPOSITION FORT WORTH CHILD BEARING FEMALES	24.4%				24.4%		75.6%			

* Extrapolated:
Still Births for 20 or over = .0164 of live births (ratio of teen still births/ teen live births)
Abortions = clinic 1 + clinic 2 ÷ 2 x 3 x .57 (city estimate)
Spontaneous Abortions = .15 of live births

Table 1a. Texas figures: Total pregnancies.

NUMBER OF PREGNANCIES ENDING IN
BIRTHS, ABORTIONS AND MISCARRIAGES
Texas 1980

	Total Pregnancies	Live Births	Abortions	Mis-carriages
Females under age 15	n.a.	998	1,397*	n.a.
Females age 15-19 years	92,295	49,093	27,247*	15,955*

Source: Texas Department of Health, Life Birth Statistics

*Number based on estimates by the Alan Guttmacher Institute, See Appendix C.

From
Report to the 68th Legislature, Select Committee on Teenage Pregnancy

Table 2. How many deliveries occur in a year? How old are our teenage mothers? What is the racial breakdown? Live births in the city for one year, by age and racial group (averaged for 1981 and 1982.

TOTAL LIVE BIRTHS BY AGE

AGE	12	13	14	15	16	17	18	19	TOTAL TEEN	TOTAL OTHER	TEEN + OTHER
NUMBER	1	7	34	123	212	329	432	502	1 40	6112	7752
% TEEN TOTAL	.06	.43	2.1	7.5	12.9	20.1	26.3	30.6	100.		
	YOUNG TEENS 10.1%				OLDER TEENS 89.9%						
% TOTAL	.01	.09	.44	1.6	2.7	4.3	5.6	6.5	21.2	78.8	
	OF ALL LIVE BIRTHS 2.14%				OF ALL LIVE BIRTHS 19.1%						

TOTAL BIRTHS BY RACE AND AGE

AGE GROUP	BLACK (%)	HISPANIC (%)	ANGLO (%)	OTHER (%)	TOTAL (%)
15 or less	82 (1.1)	42 (.5)	42 (.5)	1 (.01)	167 (2.2)
16 - 19	555 (7.2)	360 (4.6)	554 (7.1)	4 (.05)	1473 (19.0)
20 +	1352 (17.4)	1292 (16.7)	3384 (43.7)	84 (1.1)	6112 (78.8)
TOTAL	1989 (25.7)	1694 (21.8)	3980 (51.3)	89 (1.2)	7752
FORT WORTH RACIAL COMPOSITION	22.63 %	12.64 %	63.49 %	1.24 %	

Table 3. REPEAT BIRTHS: number of births to women having had at least one previous (live or still) birth (1981-82 average) by race and age of mother.

AGE GROUP	BLACK (%)	HISPANIC (%)	ANGLO (%)	OTHER (%)	TOTAL (%)
15 or less	4 (.09)	3 (.07)	3 (.07)	0 (0.0)	10 (.22)
16 - 19	179 (4.1)	112 (2.6)	134 (3.4)	1 (.02)	426 (9.8)
20 +	1003 (23.0)	979 (22.4)	1887 (43.2)	60 (1.4)	3929 (.90)
TOTAL	1186 (27.2%)	1094 (25.0%)	2027 (46.4%)	61 (1.4%)	4365

Table 4. HIGH RISK INFANTS: number of neonates weighing less than 5.5 pounds at birth (1981-82 average) by race and age of mother.

AGE GROUP	BLACK (%)	HISPANIC (%)	ANGLO (%)	OTHER (%)	TOTAL (%)
15 or less	11 (1.7)	4 (.63)	3 (.47)	0 (0.0)	18 (2.8)
16 - 19	73 (11.5)	27 (4.3)	46 (7.3)	1 (.16)	147 (23.2)
20 +	173 (27.2)	81 (12.8)	210 (33.1)	6 (.95)	470 (74.0)
TOTAL	256	112	258	7	635
TOTAL % HIGH RISK	40.4	17.7	40.8	1.1	
% TOTAL LIVE BIRTHS BY RACE	25.7	21.8	51.3	1.2	
FORT WORTH RACIAL COMPOSITION	22.63%	12.64%	63.49%	1.24%	

Table 5. Abortions in the city of Fort Worth, 1982, for two of 3 abortion clinics. Figures include both resident and non-resident. It is estimated that about 57% of these abortions were to city residents. (Of LIVE births in the city 57% were residents.)

AGE	CLINIC A	CLINIC B	CLINIC C
12	0	0	
13	5	2	
14	20	28	NOT
15	63	70	
16	97	168	AVAILABLE
17	127	204	
18	194	240	
19	172	264	
TOTAL TEENS	678	976	
TOTAL ALL ABORTIONS	1890	2840	

Table 6. Comparison of County hospital teenage deliveries to those of private institutions.

AGE	JOHN PETER SMITH Single	JOHN PETER SMITH Married	HARRIS *	ALL SAINTS	GLADNEY
12			1		
13	3	0	0		
14	34	5	3		
15	75	24	9		
16	146	64	29		
17	214	140	73		
18	233	190	112		
19	231	208	196		
	(tot.936)	(tot.631)			
TOTAL TEEN BIRTHS	1567		511		138
TOTAL BIRTHS	4420		6000		138

* marital status unavailable

Table 7. Comparison of Dallas and Fort Worth live birth rates.

	POPULATION	TOTAL LIVE BIRTHS	RATE PER THOUSAND POPULATION
DALLAS*	904,078		
all teens (12-19)		3,738	4.13
young (12-15)		403	.45
FORT WORTH*	385,164		
all teens (12-19)		1,640	4.25
young (12-15)		167	.44

* Information from Dallas and Fort Worth Public Health Departments. Census information from Tarrant County United Way.

Table 8. Comparison of number of pregnant teens served by Special Education in eight large cities in Texas, by number and percent of average daily attendance (ADA) for each of three years.

CITY	1979-80 ADA	PREGNANT GIRLS SERVED IN SPECIAL EDUCATION						1981-82 ADA
		1979-80		1980-81		1981-82		
		#	%ADA	#	%ADA	#	%ADA	
AUSTIN	51,113	194	.4	139	.3	120	.2	49,325
CORPUS	34,377	78	.2	86	.3	122	.3	33,922
DALLAS	114,877	485	.4	485	.4	465	.4	114,277
EL PASO	43,426	157	.3	169	.3	174	.3	54,003
FORT WORTH	57,618	361	.6*	311	.5*	324	.6*	57,580
HOUSTON	169,298	730	.4	554	.3	558	.3	175,797
SAN ANTONIO	55,478	36	.1	45	.1	50	.1	55,654
YSLETA	40,501	61	.2	59	.1	60	.1	41,539

* adjusted: Estimated figures for Edna Gladney students were removed from these totals for these years.